

EXHIBIT A

[Fill in the spaces next to the instructions. Other spaces are for Court use.]

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NASSAU

-----X

Arun K. Agrawal _____,

[2. Fill in name(s)] Plaintiff(s)

[1. Index No. & Year]

Index No.

CCC 216 / 2021

Complaint

-against-

Aetna Insurance Company _____,

[3. Fill in name(s)] Defendant(s)

-----X

TO THE SUPREME COURT OF THE STATE OF NEW YORK

The Complaint of the plaintiff [Your Name] Arun K Agrawal _____ respectfully

shows and alleges as follows:

Aetna Ins. Company has processed my claims, fees, for surgery performed on covered subscriber but denied any payment.

Details of the case:

ID.	CLAIM #	DOS	FEES
1. W239655704	E8Y0605KX00	11/26/2018	\$22,500.00
2. W252402549	DCN 190523050894	04/15/2019	\$22,500.00

RECEIVED
JUN 1 2021
NASSAU COUNTY
COUNTY CLERK'S OFFICE

[Fill in the spaces next to the instructions.]

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NASSAU

-----X

Arun K. Agrawal,
[Fill in name(s)] Plaintiffs/Petitioner(s)

[Index No. & Year]

Index No.

0002161 2021
VERIFICATION

-against-

Aetna Insurance Company,
[Fill in name(s)] Defendants/Respondent(s)

-----X

STATE OF NEW YORK}

SS. :}

COUNTY OF Nassau}

[Insert County where papers signed and notarized]

I, Arun K Agrawal [Insert Your Name] , being duly sworn,
deposes and says: I am the Plaintiff [Insert Plaintiff or
Petitioner] in this matter. I have read the foregoing complaint [Insert the
name(s) of the above documents e.g. affidavit, petition etc.] and know the contents
thereof. The same are true to my knowledge, except as to matters therein stated to be
alleged on information and belief and as to those matters I believe them to be true

Agrawal
[SIGN YOUR NAME BEFORE NOTARY]

Arun K Agrawal

[PRINT YOUR NAME]

Sworn to before me this 1
day of June, 20 21

Michelle Ferraro
Notary Public

[Verification must be notarized]

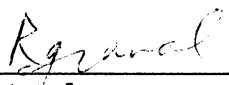


Wherefore, plaintiff demands that this Court order defendant to pay my fees of
\$45,000.00 PLUS interest from 11/26/18 and expenses.
, together with such other and further relief, the Court finds to be just and proper.

[Date and County papers are signed in]

Dated: 06/01/2021

County: Nassau


[Your Signature]

Arun K Agrawal

[Your Name]

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NASSAU

-----X

Arun K. Agrawal
_____,
[Fill in name(s)] Plaintiff(s)

[Index No. & Year]
Index No.
0002161202

-against-

Aetna Insurance Company
_____,
[31. Fill in name(s)] Defendant(s)

-----X

[Insert name(s) of papers submitted]



[YOUR SIGNATURE]

Arun K Agrawal

[PRINT YOUR NAME]

Box 483, 600 Franklin Avenue

[YOUR ADDRESS]

Garden City, NY 11530

[CITY, STATE ZIP CODE]

5169658935

[YOUR PHONE NUMBER]

Box 483, 600 Franklin Ave.

[Your Address]

Garden City, NY 11530

[City, State & Zip Code]

5169658935

[Your Phone Number]

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NASSAU

-----X
ARUN K. AGRAWAL,

Index No.: 000216/2021

Plaintiff,

-against-

DEMAND FOR COMPLAINT

AETNA INSURANCE,

Defendant.
-----X

SIR:

PLEASE TAKE NOTICE that in accordance with CPLR § 3012(b) defendant Aetna Life Insurance Company, improperly pled as Aetna Insurance, hereby demands that plaintiff in the above-captioned matter serve a Complaint within twenty (20) days upon defendant.

Dated: May 27, 2021

CONNELL FOLEY LLP



Christopher Abatemarco
One Newark Center
1085 Raymond Blvd. 19th Floor
Newark, New Jersey 07102
Telephone: (973) 436-5800
-and-
888 Seventh Avenue, 9th Floor
New York, New York 10106
Telephone: (212) 307-3700
Attorneys for Defendant

TO: Arun K. Agrawal
P.O. Box 483
600 Franklin Avenue
Garden City, New York 11530
(516) 965-8935

AFFIRMATION OF SERVICE

Christopher Abatemarco, Esq., being duly sworn, deposes and says that deponent is not a party to this action, is over 18 years of age and resident of Middlesex County, New Jersey.

That on the 27th day of May, 2021, deponent served the Demand for Complaint via Federal Express and Electronic Mail, upon:

Arun K. Agrawal
P.O. Box 483
600 Franklin Avenue
Garden City, New York 11530

I hereby certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

A handwritten signature in black ink, appearing to read 'Christopher Abatemarco', is written over a horizontal line.

Christopher Abatemarco, Esq.

[Fill in the spaces next to the instructions. Other spaces are for Court use.]
 SUPREME COURT OF THE STATE OF NEW YORK
 COUNTY OF NASSAU

-----X

ARUN K. AGRAWAL,
 [2. Fill in name(s)] Plaintiff(s)

[1. Index No. & Year]

Index No. 21/000216

SUMMONS WITH
 NOTICE

-against-

AETNA INS,
 [3. Fill in name(s)] Defendant(s)

-----X

To the Person (s) Named as Defendant(s) above:

PLEASE TAKE NOTICE THAT YOU ARE HEREBY SUMMONED to appear in this action by serving a notice of appearance on the plaintiff(s) at the address set forth below, and to do so within twenty (20) days after the service of this Summons, or within thirty(30) days after service is complete if the Summons is not delivered personally to you within the State of New York.

YOU ARE HEREBY NOTIFIED THAT should you fail to answer or appear, a judgment will be entered against you by default for the relief demanded below.

[4. Date and County papers are signed in]

Dated: 04.07.2021

County: NASSAU

[Signature]
 [5. Your Signature]

ARUN K AGRAWAL
 [6. Your Name] PO BOX 483
600 FRANKLIN AVE

[7. Your Address]
GARDEN CITY, NY. 11530

[8. City, State & Zip Code]

516 965 8935

[9. Your Phone Number]

FX: 888 292 2373

To the Defendant:
AETNA INS / P.O. Box 14020

[10. Defendant Address]

LEXINGTON, KY. 40512

[11. City, State Zip Code]

888 632 3862

[12. Phone Number]

NOTICE: The nature of this action is [13. Insert the type of case against the defendant.]

AETNA Ins. denied payment for my surgical fees
EMERGENCY SURGERY
(1) W 239655704 UM# E8Y0605KX00 \$22500.00 11.26.18
(2) W 252402549 DCN 190523050894 \$ 22500.00 for 4.15.19

The relief sought is [14. Describe what you want the Court to grant you.]

Ins. denied payment for my fees for emergency
surgery. I request that my fees of \$45000.00 be paid.

Should defendant (s) fail to appear herein, judgment will be entered by default for the sum of [15. Insert the amount of money demanded] \$ 45000.00 with interest from the date of [16. Insert date from which interest on amount demanded is claimed] 11.26.18 plus Court filing cost, and the costs of this action.

VENUE: Plaintiff designates Nassau County as the place of trial. The basis of this designation is [17. Check one]

- ☒ Plaintiff's Residence in Nassau County
☐ Defendant's Residence in Nassau County
☐ Other _____

[18. Note: This form of summons may not be used in actions for divorce.]

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NASSAU

-----X

ARUN K. AGRAWAL
[20. Fill in name(s)] Plaintiff(s)

[19. Index No. & Year]

Index No.

211000216

-against-

AETNA Ins Co.
[21. Fill in name(s)] Defendant(s)
PO Box 14020, LEXINGTON, KY. 40510
-----X

[22. Insert name(s) of papers submitted]


[23. YOUR SIGNATURE]

ARUN K AGRAWAL
[24. PRINT YOUR NAME]

PO Box 483
600 FRANKLIN Avenue.
[25. YOUR ADDRESS]

GARDEN CITY, NY. 11530
[26. CITY, STATE ZIP CODE]

516 965 8935
[27. YOUR PHONE NUMBER]

0414210007